



**CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD  
ENFORCEMENT AGENCY  
EVIDENCE EXAMINED (INVESTIGATION RECORD)**

Enforcement Agency:									
Facility Name:						SWIS No:			
Facility Address:					City:		Zip Code:		
Location where examined:					City:		Zip Code:		
	Date:			Time:					
Describe the documentary and physical evidence examined:									
	If the evidence is documentary, do you have copies?			<input type="checkbox"/> No	<input type="checkbox"/> Yes				
	If the evidence is physical, do you have photographs?			<input type="checkbox"/> No	<input type="checkbox"/> Yes				
Dates & times of all facility inspections:									
List of correspondence, including any written reports by the permittee:									
Any other evidence lending to resolve the issues:									
Conclusions & Recommendations:									
Signature:					Typed Name:				
Title:				Date:					